

EXHIBIT 21

RECORDS DEPOSITION SERVICE

JOB #

27355 W. Eleven Mile Rd.
Southfield, MI 48034
(248) 357-3330

MULTIPLE RECORD REQUEST FORM

DEPONENT: ADDRESS: CITY: PHONE: Dr/Hosp/Emp.

1. Dr. Michelle B. Riba, U of M Hospital, 1500 E. Medical Center Drive, Ann Arbor, MI 48109 (734)936-4000
Records Wanted: Any and all records pertaining to Jennifer Keene

NAME ON RECORD: Jennifer Eve Keene
Address: 2704 Brockman, Ann Arbor, MI 48104
Date of Birth: Jennifer [REDACTED] 68 **Date of Accident:** 7/13/10

COURT: UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION
Case No.: See attached sheet with case caption
Name of Case:

Plaintiff's Attorney: Michael F. Schmidt P25213 (Atty for Nationwide)
Address: 1050 Wilshire Drive, Suite 320, Troy, MI 48084
Phone: (248)649-7800

AUTHORIZATION TO SIGN SUBPOENA, NOTICE AND SERVE SUBPOENA

PLEASE SUBPOENA RECORDS WITHOUT WAITING FOR THE AUTHORIZATIONS.

PLEASE PROVIDE RECORDS WITHOUT FIRST GIVING US THE BILL.

Requesting Firm: **HARVEY KRUSE, P.C.**

Date of Request: July 23, 2012 **Signature:** _____ **Bar #:**
P25213 Michael F. Schmidt P25213

File Number: 839576

Policy No. L034804300

Please Bill Records Directly to: HARVEY KRUSE, P.C.

[] Please send more blank forms

FOR OFFICE USE ONLY

Date Request Received: **Date of Deposition:** **Time:**

RECORDS DEPOSITION SERVICE
I N C O R P O R A T E D



P.O. BOX 5054
SOUTHFIELD, MI 48086-9877
PHONE: (248) 357-3330 FAX: (248) 357-3337

LETTER REQUESTING AUTHORIZATION

December 6, 2012

JOB # 83771-1

ORIGINAL DATE: July 27, 2012

BREDELL & BREDELL
JOHN H BREDELL, ESQ.
119 N HURON STREET
YPSILANTI, MI, 48197

CASE NAME: NATIONWIDE VS KEENE, ET AL
CASE NUMBER: 11-CV-12422-AC-MKM
NAME ON RECORD: JENNIFER EVE KEENE
DEPONENT: UNIVERSITY OF MICHIGAN HEALTH SYSTEM
CLAIM / FILE#: L034804300 / 839576

DEAR SIR/MADAM:

WE ARE REQUESTING AN AUTHORIZATION FROM YOUR CLIENT. PLEASE HAVE CLIENT SIGN, DATE AND RETURN THE AUTHORIZATION TO: **RECORDS DEPOSITION SERVICE, INC.** AS SOON AS POSSIBLE. THE ATTORNEY LISTED BELOW HAS REQUESTED US TO SECURE DOCUMENTS FROM: **UNIVERSITY OF MICHIGAN HEALTH SYSTEM**. THE AUTHORIZATION MUST REFLECT THE DATA BELOW TO BE ACCEPTED BY THE DEPONENT. IF THE AUTHORIZATION IS INCOMPLETE, IT WILL BE IMMEDIATELY RETURNED TO YOUR OFFICE FOR PROPER REVISIONS.

AUTHORIZATION REQUIREMENTS:

THE HIPAA COMPLIANT AUTHORIZATION ATTACHED MUST BE COMPLETELY FILLED OUT WITH: CLIENT'S SIGNATURE, DATE OF SIGNATURE, DEPONENT'S NAME, NOTARIZATION (SAME DATES FOR NOTARY & CLIENT'S SIGNATURE), INDICATE RELEASE TO: RECORDS DEPOSITION SERVICE, INC. (SEE ADDRESS ABOVE)

AUTHORIZATION MUST BE SIGNED AND DATED WITHIN 2 MONTHS OF REQUESTING RECORDS

PLEASE CONTACT OUR AUTHORIZATION DEPARTMENT IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER.

SINCERELY,

RECORDS DEPOSITION SERVICE, INC.

THESE DOCUMENTS WERE ORDERED BY:

RECORDS DEPOSITION SERVICE
INCORPORATED



P.O. BOX 5054
SOUTHFIELD, MI 48086-9877
PHONE: (248) 357-3330 FAX: (248) 357-3337

MEDICAL AUTHORIZATION

JOB#: 83771 -1

I, JENNIFER EVE KEENE

HEREBY AUTHORIZE

UNIVERSITY OF MICHIGAN HEALTH SYSTEM

IT'S DIRECTOR OR DESIGNEE, OR MEDICAL RECORD DEPARTMENT, TO RELEASE INFORMATION CONTAINED IN MY PATIENT RECORDS, INCLUDING ALCOHOL AND DRUG ABUSE RECORDS PROTECTED UNDER THE REGULATIONS IN CODE 42 OF FEDERAL REGULATIONS, PART2, IF ANY; PSYCHOLOGICAL SERVICES RECORDS, IF ANY; SOCIAL SERVICES RECORDS, IF ANY; PSYCHIATRIC RECORDS, IF ANY; INCLUDING COMMUNICATIONS MADE BY ME TO A SOCIAL WORKER, PSYCHOLOGIST OR PSYCHIATRIST, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC) RECORDS, IF ANY; COMMUNICABLE DISEASE AND SERIOUS COMMUNICABLE DISEASE AND INFECTIONS, VENEREAL DISEASES, TUBERCULOSIS, HEPATITIS B RECORDS, SICKLE CELL ANEMIA RECORDS, IF ANY; TO THE INDIVIDUALS OR ORGANIZATIONS LISTED BELOW, ONLY UNDER THE CONDITIONS BELOW.

BIRTHDATE OF PATIENT: 12/17/1968

SOCIAL SECURITY NUMBER: [REDACTED]

1. TO WHOM DISCLOSURE IS TO BE MADE

RECORDS DEPOSITION SERVICE, INC.
27355 W. ELEVEN MILE ROAD
P.O. BOX 5054
SOUTHFIELD, MI, 48086-9877

NOTE: DISCLOSURE IS TO BE MADE TO RECORDS DEPOSITION SERVICE, INC. ONLY. ALL OTHER DISCLOSURES ARE UNAUTHORIZED.

2. INFORMATION TO BE DISCLOSED: PLEASE SEE ENCLOSED SUBPOENA OR LETTER REQUEST FOR INFORMATION TO BE DISCLOSED.

3. THE PURPOSE AND NEED FOR SUCH DISCLOSURE: FOR PRE-TRIAL DISCOVERY

4. THIS AUTHORIZATION IS SUBJECT TO REVOCATION AT ANY TIME BY CONTACTING **RECORDS DEPOSITION SERVICE, INC.** IN WRITING. I UNDERSTAND THAT THE REVOCATION WILL NOT APPLY TO INFORMATION THAT HAS ALREADY BEEN RELEASED IN RESPONSE TO THIS AUTHORIZATION.

5. WITHOUT EXPRESSED REVOCATION, THIS AUTHORIZATION EXPIRES ON THE DATE SET FORTH: _____ OR THE FOLLOWING EVENT: ONCE INFORMATION IS DISCLOSED, NO FURTHER INFORMATION CAN BE DISCLOSED PURSUANT TO THIS AUTHORIZATION.

6. I UNDERSTAND THE PROVIDER MAY NOT CONDITION TREATMENT, PAYMENT, ENROLLMENT OR ELIGIBILITY FOR BENEFITS ON WHETHER I SIGN THIS FORM.

7. A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED VALID AS IF THE ORIGINAL WERE OFFERED. THIS AUTHORIZATION IS ONLY VALID IF SUBMITTED BY **RECORDS DEPOSITION SERVICE, INC.** I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO RE-DISCLOSURE BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY FEDERAL OR STATE LAW. **RECORDS DEPOSITION SERVICE, INC.** IS NOT LIABLE FOR DAMAGES AS THE RESULT OF AN UNAUTHORIZED DISCLOSURE.

X _____
DATE SIGNED

X _____
SIGNATURE OF PATIENT

X _____
DATE SIGNED

X _____
SIGNATURE OF PARENT/GUARDIAN/PERSONAL REPRESENTATIVE WITH RELATIONSHIP
TO PATIENT

SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 20 _____

_____, NOTARY PUBLIC _____ COUNTY;

MY COMMISSION EXPIRES: _____

RECORDS DEPOSITION SERVICE
I N C O R P O R A T E D



P.O. BOX 5054
SOUTHFIELD, MI 48086-9877
PHONE: (248) 357-3330 FAX: (248) 357-3337

CLIENT COMMUNICATION

December 6, 2012

JOB # 83771-1

ORIGINAL DATE: December 6, 2012

HARVEY, KRUSE, P.C.
MICHAEL F SCHMIDT ESQ.
1050 WILSHIRE DRIVE STE 320
TROY, MI, 48084

* HAND DELIVERY *

CASE NAME: NATIONWIDE VS KEENE, ET AL
CASE NUMBER: 11-CV-12422-AC-MKM
NAME ON RECORD: JENNIFER EVE KEENE
DEPONENT: UNIVERSITY OF MICHIGAN HEALTH SYSTEM
DUE DATE:

[WE RECEIVED YOUR REQUEST 07/24/12, AUTHORIZATION WAS SENT TO MR. JOHN BREDELL 07/27/12.
REMINDERS HAVE GONE OUT TO HIS OFFICE:
08/01/12, 09/04/12, 10/01/12, 11/01/12 AND 12/03/12.
AS OF DATE WE HAVE NOT RECEIVED THE SIGNED AUTHORIZATION.

THANK YOU FOR YOUR TIME AND COOPERATION WITH REGARDS TO THIS MATTER.

PLEASE CONTACT THIS OFFICE AT (248) 357-3330 IF YOU HAVE ANY QUESTIONS OR NEED ANY ADDITIONAL INFORMATION.

SINCERELY,

RECORDS DEPOSITION SERVICE, INC.

CUSTOMER SERVICE DEPARTMENT